

**OFFICE FOR THE AGING (OFA)**  
**(DESCRIPTION OF OFA - SEE PAGE 4)**  
**SENIOR SURVEY**  
**(845)340-3456 or toll free at (877)914-3456**

This survey takes a few minutes to complete. This survey focuses on seniors and areas related to living independently. Please check (✓) a box for each item (some items have examples). If you would like to respond to this survey over the phone contact: Marge, Sue or Stephanie at 845-331-0541.

**How Important is:**

<b>ACTIVITIES OF DAILY LIVING</b>		<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Don't Know</b>
1	Proper Nutrition and Adequate Food Supply				
2	Yard Work (e.g., raking, shoveling, etc.)				
3	Shopping and Running Errands (e.g., Groceries, Banking, Clothing, etc.)				
4	House Cleaning				
5	Help with Paying Bills and Balancing Checkbooks				
6	Having People who are Supportive of you Living Independently				
7	Help with Cooking				
8	Help with Dressing				
9	Getting Things Fixed that Wear Out or Get Broken Around the House				
<b>HEALTH CARE</b>		<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Don't Know</b>
10	Adequate Health Care and Medical Services				
11	Prescription Coverage (e.g. EPIC, Medicare Part D)				
12	Keeping Track of Health Insurance				
13	Dental Care				
14	Access to Nurses, Occupational Therapy and Physical Therapy in the Community				
15	Home Health Aides (e.g. shopping, transportation, etc.)				

<b>HEALTH CARE CONTINUED</b>		<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Don't Know</b>
16	Mental Health Services (e.g. counseling, depression)				
17	Drug and/or Alcohol Abuse/Misuse Services				
<b>HEALTH/WELLNESS EDUCATION</b>		<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Don't Know</b>
18	Access to Health/Wellness Education				
19	Participating in Regular Physical Activity				
20	Senior Abuse				
21	Long-term Care Information				
22	Financial Exploitation				
<b>LEGAL</b>		<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Don't Know</b>
23	Obtaining Legal Advice				
24	Help with Preparing Your Taxes				
<b>OTHER</b>		<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Don't Know</b>
25	Cost of Energy/Utilities				
26	Age Discrimination				
27	Transportation				
<b>QUESTIONS</b>					
28	Age Bracket: <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80-89 <input type="checkbox"/> 90+				
29	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
30	Race/Ethnicity: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other_____				
31	Household: <input type="checkbox"/> Live Alone <input type="checkbox"/> Live with Spouse/Significant Other <input type="checkbox"/> Live with Friends <input type="checkbox"/> Live with a Family Member <input type="checkbox"/> Other				
32	City/Town/Village: _____				
33	Do you rent <input type="checkbox"/> or own <input type="checkbox"/> your home? Check if you receive subsidized housing <input type="checkbox"/>				
34	Is your house in good repair? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ _____ _____				
35	Do you feel safe in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____ _____				

36	Do you put off or not purchase medication in order to pay for food, utilities or other items <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
37	Are you currently spending more than 20 hours a week taking care of a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other _____
38	Who do you turn to when you need help? <input type="checkbox"/> Family Members <input type="checkbox"/> Friends <input type="checkbox"/> Neighbors <input type="checkbox"/> Place of Worship <input type="checkbox"/> No One <input type="checkbox"/> Agencies/Organizations- Identify _____ <input type="checkbox"/> Other: _____
39	If you are unable to drive yourself, which types of transportation would you use? <input type="checkbox"/> Carpool <input type="checkbox"/> Call a Cab <input type="checkbox"/> Office for the Aging Van <input type="checkbox"/> Arrange for someone to drive <input type="checkbox"/> Call a non-profit agency volunteer to drive <input type="checkbox"/> UCAT <input type="checkbox"/> Other: _____
40	Monthly Income (Pre-Tax) individual** <input type="checkbox"/> \$0-687 <small>(50)</small> <input type="checkbox"/> \$688-\$1,031 <small>(50-75)</small> <input type="checkbox"/> \$1,032-\$1,113 <small>(75-80)</small> <input type="checkbox"/> \$1,114-\$1,374 <small>(90+)</small> <input type="checkbox"/> \$1,375 & over <small>(100)</small> <small>**Couple rate are a different threshold (\$1,852 max) **Income may qualify you for OFA entitlements (EISEP)</small>
41	Would you like to join the OFA e-mail list to receive updates? <input type="checkbox"/> Yes <input type="checkbox"/> No
42	What community services are or would be helpful to you personally? Please explain: _____
43	Comments and Questions: _____ _____ _____
44	Would you like someone from OFA to contact you regarding services? If so, please provide the following information: Name: _____ Telephone Number: _____ E-mail Address: _____

## **OFA MISSION & PROGRAMS**

### **MISSION:**

It is the mission of the Ulster County Office for the Aging to assist older New Yorkers to be as independent as possible for as long as possible through advocacy, development and delivery of person-centered, consumer-oriented and cost-effective policies, programs and services which support and empower the elderly and their families in partnership with the network of public and private organizations which serve them.

### **CHECK IF YOU HAVE UTILIZED THE FOLLOWING SERVICES AND PROGRAMS:**

- Healthy Ulster Seniors: Health Screening and Education Program
- Caregiver Programs: Annual Conference, Support Groups, Workshops
- Case Management
- Home-Delivered Meals and Senior Dining Programs
- Home Energy Assistance Program (HEAP)
- Information and Referral
- Legal Services
- Medicare and Medical Insurance Counseling (HIICAP)
- Nutrition Counseling and Education
- Subsidized Adult Day Programs
- Subsidized Home Care/Personal Care Assistance
- Subsidized Medical Alert (Life Line)
- Transportation (Shopping and Medical Appointments)
- Weatherization Referral and Packaging Program (WRAP)
- Ulster County New York Connects: Information and Assistance on Long-Term Care

Comments: \_\_\_\_\_

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***Surveys should be mailed directly to:***

**Office for the Aging  
1003 Development Court  
Kingston, New York 12401**